

Bureau of Health Care Quality and Compliance

Approved POC on 1/19/11 AE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3363ALZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/13/2010
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY ALZ CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6428 CRYSTAL DEW LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 4/30/10 through 5/13/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 10. Eleven resident files were reviewed and five employee files were reviewed. Three discharged resident files were reviewed. Complaint #NV00024614 was substantiated. See Tag Y0087.	Y 000		
Y 050 SS=F	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050 <u>AE</u> <u>OK</u>	a) The Administrator has been always personally training new staff and making sure that services are at a high standard level of care and regulations are met. b) The Administrator is responsible to ensure that the facility is compliant with the regulations by making all staff adhere to all requirements of providing needed services and protective supervision to every "cont'd"	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	Continued From page 1 This Regulation is not met as evidenced by: Based on interview, record review and observation from 4/30/10 to 5/13/10, the administrator failed to provide oversight and direction to the staff to ensure 11 of 11 residents receive the needed services and protective supervision they required. Severity: 2 Scope: 3	Y 050	to every resident by constantly checking on the facility and staff c) 5/13/10	
Y 087 SS=I	449.199(3) Limitation on Number of Residents NAC 449.199 3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility. This Regulation is not met as evidenced by: Based on observation, record review and interview from 4/30/10 to 5/13/10, the facility was over census during March of 2010. Findings include: The facility is licensed for 10 beds for Alzheimer's residents, Category 2. After review of the medication administration	Y 087 <i>Ac</i> <i>OK</i>	a) To augment the income of the facility, the Administrator admitted a respite care (15 days) to be able to cover the overhead expenses of the facility in order to survive. b) The Administrator is responsible to comply with the licensed number of residents and not to accept more than the allowed limit. c) 5/13/10	

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Y 087	Continued From page 2 records (MARs), admission and discharge records, it was noted that on 3/12/10, there were 10 residents residing in the facility. An eleventh resident was admitted on 3/13/10. This caused the facility to be over census by one resident. During an interview on 4/30/10, the facility's administrator stated that the facility was over census by one resident in March of 2010 for fifteen days. Severity: 3 Scope: 3	Y 087		
Y 100 SS=A	449.200(1)(a) Personnel File - Employee Info NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10, the facility failed to provide a separate personnel file for 1 of 5 employees (Employee #5). This was a repeat deficiency from the 3/24/09 State Licensure survey. Severity: 1 Scope: 1	Y 100 AE OK	a) Employee #5 had all the papers required that was kept in an envelope. Pls. see attachment A b) The facility was compliant with the regulations. c) 5/13/10	
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis	Y 103 AE OK	a) Employee #4 terminated. Employee #3 had TB test done as required when securing health card from the Dept. of Health,	

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ATTN: APRIL ESPINOSA

1/14/11

Re: Spring Valley Alzheimer's Care Center
Survey Date: 5/13/2010

Addendum to POC:

Tag103

A) Employee #4 is terminated.

Tag 936

A) Resident #7 had 2 step TB test done before her admission in the facility in the year 2005 so the facility had only annual tb tests done. No 2 step PPD done while in the facility.



Cristina P. Abu Dayyeh
Administrator

01/14/2011

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Y 103	Continued From page 3 NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10, the facility failed to ensure 2 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #3 and #4). This was a repeat deficiency from the 3/24/09 State Licensure survey. Severity: 2 Scope: 2	Y 103	contd. but left the copy of her TB test and promised to bring from her next day off. Pls. see attachment B (health card and 2 step TB test. b) The Administrator is responsible to ensure employee's files are complete by the use of emp. checklist file. c) 5/13/10	
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10, the facility failed to ensure 3 of 5 caregivers met background check requirements within 10 days of hire (Employee #3, #4 and #5).	Y 105 <i>AE OK</i>	a) Employee #4 terminated. Employee #3 and #5 also were terminated. Pls. see Attachment C b) The Administrator is responsible to ensure all emp. files complete by the use of emp. checklist file. c) 5/13/10	

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Y 105	Continued From page 4 Severity: 2 Scope: 3	Y 105		
Y 450 SS=D	449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10, the facility failed to ensure that 1 of 5 caregivers were trained in cardiopulmonary resuscitation within 30 days of employment(Employee #2). Severity: 2 Scope: 1	Y 450 <u>AE</u> <u>OK</u>	a) Employee #2 had CPR class done on April 9, 2009. The surveyor had seen CPR card. b) Facility is compliant.	
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a	Y 859 <u>AE</u> <u>OK</u>	PHYSICALS PRIOR TO ADMISSION a) Resident #1 admitted on 12/29/07. Had history of Physical Notes from Valley Hospital 12/19/07. The facility is compliant b) Resident #4 was admitted 3/14/10 from Prestige Assisted living with Hospice service ongoing. IDG Nursing Summary done on 3/12/10 and Physician's Visit	

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Y 859	Continued From page 5 resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10, the facility failed to ensure that 5 of 11 new residents received a physical prior to admission (Resident #1, #4, #8, #10 and #11). The facility failed to ensure that 2 of 3 residents, living in the facility for longer than a year, received an annual physical (Resident #1 and #7). This was a repeat deficiency from the 3/24/09 State Licensure survey. Severity: 2 Scope: 3	Y 859	Contd. on 4/21/10. The facility is compliant. ③ Resident # 8 was admitted 5/5/10. There is a physical done on 1/5/10 as resident was supposed to be admitted to the facility in Jan. but wife deferred the plan and finally admitted on 5/5/10 from Spring Mountain Hospital ④ Resident # 10 admitted on 4/14/10 from home. Hospice service started on 4/17/10. Facility is compliant. ⑤ Res. # 11 was admitted from Torrey Pines Care Center on 12/31/09 with hospice service established on same day with written physicals. ANNUAL PHYSICAL- ATTACHMENT F Resident # 1 Resident # 7 seen by MD b. Overall, the facility is compliant		
Y 876 SS=B	449.2742(4) Medication Administration NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10,	Y 876 <i>AE</i> <i>OK</i>	a) Resident #1 had ultimate user agreement upon admission Resident # 2 was just admitted during the survey on 5/13/10 and the DPOA was there during the survey and seen by surveyor signing the paperwork. Resident #4 had ultimate user agreement dated 3/16/10. Please see ATTACHMENT G. b) The facility is compliant with regards to stated citation.		

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Y 876	Continued From page 6 the facility failed to ensure that an ultimate user agreement was obtained for 3 of 11 residents (Resident #1, #2 and #4). This was a repeat deficiency from the 3/24/09 State Licensure survey. Severity: 1 Scope: 2	Y 876		
Y 896 SS=F	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10, the facility failed to ensure the medication administration record (MAR) was accurate for 10 of 10 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10). Severity: 1 Scope: 3	Y 896 <i>AE</i> <i>OK</i>	A. The caregivers assigned to administer medications failed to sign on the MAR that caused his termination from the facility. MAR CORRECTED. Please see Attachment H B. The Administrator is responsible to ensure that staff assigned in Medication management is <u>complete</u> competent to adhere with regulations by requiring certificate of attendance with Medication Administration classes, and constant review of their skills and performance. C. 5/13/10	
Y 899 SS=C	449.2744(2) Medication Administration NAC 449.2744	Y 899 <i>AE</i> <i>OK</i>	Please refer to Y896	

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Y 930	Continued From page 8 (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Based on record review on 5/13/10, the facility failed to maintain a separate resident file for 1 of 10 residents (Resident #2). This was a repeat deficiency from the 3/24/09 State Licensure survey. Severity: 1 Scope: 1	Y 930			
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review from 4/30/10 to 5/13/10, the facility failed to ensure 7 of 10 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1, #2, #3, #4, #7, #8 and #10) which affected all residents.	Y 936 <i>Ac</i> <i>OK</i>	a) Resident #1 - Annual TB test 1-4-10 Resident #2 - 2 step started on 5-3-10 Resident #3 - 2 step initiated 4-7-10 Resident #4 - 3/15/10 Resident #7 - 3/8/10 Resident #10 & 8 - 1/5/10 Resident #10 2 step 4/21/10 Please see attachment J b) The facility was compliant with the stated citation.		

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